

PART B - FEE(S) TRANSMITTAL

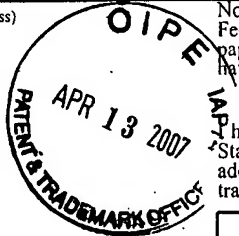
Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

51414 7590 01/10/2007

GOODWIN PROCTER LLP
 PATENT ADMINISTRATOR
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hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Linda M. Penta	(Depositor's name)
<i>Linda M. Penta</i>	(Signature)
April 10, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/603,852

06/25/2003

Kenneth C. Wu.

ASC-022CPCN

3708

TITLE OF INVENTION: ETCH STOP LAYER SYSTEM

04/13/2007 MGE02 00000005 10603852

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

04/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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OWENS, DOUGLAS W

2811

117-094000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Massachusetts Institute of Technology

Cambridge, Massachusetts

The Charles Stark Draper Laboratory, Inc.

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Natasha C. Us

Date April 10, 2007

Typed or printed name

Natasha C. Us

Registration No. 44,381

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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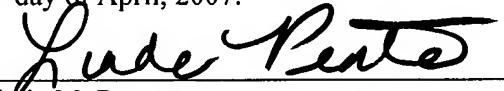
PATENT
Attorney Docket No. ASC-022CPC1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Wu *et al.*
SERIAL NO.: 10/603,852 GROUP NO.: 2811
FILING DATE: June 25, 2003 EXAMINER: Owens, Douglas W.
TITLE: ETCH STOP LAYER SYSTEM

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 10th day of April, 2007.


Linda M. Penta

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Form PTOL-85 (1 page);
3. Check in the amount of \$1,700.00; and
4. Return receipt postcard



TRANSMITTAL FORM

Application Serial Number	10/603,852
Filing Date	June 25, 2003
First Named Inventor	Wu
Group Art Unit	2811
Examiner Name	Owens, Douglas W.
Attorney Docket No.	ASC-022CPC1
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

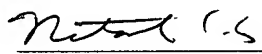
<input checked="" type="checkbox"/> Form PTOL-85 <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
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	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Goodwin Procter LLP
Exchange Place
Boston, MA 02109
Tel. No.: (617) 570-1000
Fax No.: (617) 523-1231
Customer No. 051414

SIGNATURE BLOCK

Respectfully submitted,


Date: April 10, 2007
Reg. No. 44,381
Tel. No.: (617) 570-1806
Fax No.: (617) 523-1231
Natasha C. Us
Attorney for Applicants
Goodwin Procter LLP
Exchange Place
Boston, MA 02109